



**Shared Living Program
Home Provider Application
(Please Print)**

Section I: General Contact Information

Applicant: _____ Date: _____

Address: _____

Social Security #: _____ Date of Birth _____

Home Phone #: _____ Work Phone # _____ Cell#: _____

Employed By: _____ Address: _____

Home e-mail: _____ Work e-mail: _____

Co-Applicant: _____

Address: _____

Social Security #: _____ Date of Birth _____

Home Phone #: _____ Work Phone # _____ Cell#: _____

Employed By: _____ Address: _____

Home E Mail: _____ Work E Mail: _____

Do you live in a: House Condo Apartment Mobile/Modular Home Other

Do you: Rent Own

How did you hear about Shared Living Arrangements?

Source of Referral: Agency Web site _____
Agency Employee (include name): _____
Job site (please specify): _____
Other (please specify): _____

If renting...

Do you have landlord approval to have a non-related individual move into your home?

Yes No Haven't Asked Yet

Do you have homeowners/renters insurance? Yes No

If you own your home, will your homeowners insurance cover a non-related individual living in your home?

Yes No Haven't asked yet

Total # of Rooms in your home: _____ # of Bedrooms: _____ # of Bathrooms: _____

How long have you lived at your current address? _____

Applicant Members of Household (please list all): Please list all adults and children residing in your home at this time. All of these people will be part of the interview process; all adults must complete a criminal record check and will receive reference checks.

	Name:	Relationship:	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Do you have any frequent visitors/overnight guests? Yes No

If yes, please provide name[s] and DOB[s] for individuals:

Section II Applicant Information

Do you have a valid driver's license? Yes No

Driver's License # _____

Do you have the minimum vehicle insurance required by the State of Rhode Island?

Yes No

If you do not drive, how would you ensure transportation for an individual?

Please be specific as you will be responsible for most transportation.

Applicant Education: Please complete and attach a copy of an updated resume. Please include any information you feel is relevant concerning your education (i.e. workshops, in-service trainings, etc.)

	Name & Location:	Dates Attended:	Major:
High School:			
College:			
Other:			

Interest: Why do you want to be a Shared Living Home Provider?

Character References:

Please provide the following information for 4 character references. Please note, at least one reference must be from a relative, and at least 2 must be from a non-relative who you have known for more than 5 years.

Please give complete contact information here as questionnaires will be sent to each Reference by the agency.

Name	Full Mailing Address	Phone	Relationship
1.	<hr/>		
	<hr/>		
2.	<hr/>		
	<hr/>		
3.	<hr/>		
	<hr/>		
4.	<hr/>		
	<hr/>		

Employment:

Are you currently employed? Yes No

What is your annual income? _____

Please list any additional sources of income.

Employment History:

*(*starting with present or most recent employer)*

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

Employment Dates: From _____ To: _____

Why did you leave? _____

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

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Why did you leave? _____

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

Employment Dates: From _____ To: _____

Why did you leave? _____

Section III: Quality of Life

Please answer the following questions in detail. All of this information will be discussed on an individual basis during personal interview.

Values: Please list the most important values held by you and your family, please include religious and cultural values:

1. _____

2. _____

3. _____

4. _____

Personal Characteristics: What personal qualities do you possess that you believe will assist you to be effective as a Home Provider for Shared Living?

Personal Experience: Please describe your experiences with individuals with developmental disabilities. This may include volunteer experiences and providing respite care.

Skills and Qualifications: Please describe any skills, qualifications and training acquired from employment and/or other experiences that may assist you to be effective as a Home Provider for Shared Living.

Challenges: What do you foresee to be the greatest challenges involved in welcoming an adult with disabilities into your household?

Interests: What are your interests and personal hobbies?

Additional Comments: Is there any additional information about you and / or your family that you would like us to consider?

Section IV: Personal Statement: In addition to answering these questions, on a separate sheet of paper please explain, in your own words, your reasons for wanting to share a home with a person with developmental disabilities. What changes do you anticipate that this will make in your lifestyle and that of your family? Please describe what you see as the benefits as well as concerns or supports you anticipate needing.

Section V: Personal History:

Please answer the following questions in detail. All of this information will be discussed on an individual basis during a personal interview.

Please provide the name and contact information for your primary care physician. Your physician will be asked to complete a simple form providing his or her opinion on your ability to become a Home Provider for Shared Living Provider based on your health.

Physicians Name	Address	Phone
<hr/>		

Describe any major medical problems for which you have had treatment in the past 10 years.

List any medication you are currently taking

Do you drink alcoholic beverages? Yes No

If yes, how many drinks do you usually have in a week? _____

Have you or any members of your household ever been treated for, or had a drug or alcohol-related concern? Yes No

If yes, please explain: _____

Have you had any motor vehicle violations (including accidents) in the last three years?

Yes No

If yes, please explain:

Are you currently receiving counseling or psychiatric treatment? Yes No
If yes, please explain:

Have you or any member of your household ever been engaged in counseling, psychiatric or psychological treatment? Yes No

If yes, please explain:

Do you or other members of the household smoke? Yes No

Do you have any pets or farm animals? Yes No

If yes, please list:

How much time per day do you spend caring for your animals?

Can you provide documentation on current health status of all animals?

Yes No

Have you ever been arrested?

Yes No

If yes, please explain:

Have you or any member of your household ever had a charge of abuse or neglect substantiated against you? Yes No

If yes, please explain:

Do you have any friends or relatives who are Shared Living Providers?

Yes No

Have you ever been a Home Provider or Foster Care provider before?

Yes No

If yes, please explain:

Would you be willing to provide respite care, which is a temporary shorter-term living arrangement?

Yes No

Have you or any member of your family/household ever been in foster care of out-of-home placements? Yes No

If yes, please explain:

Have you had any past experiences that may interfere with your ability to work with an individual who has been physically or sexually abused? Yes No

If yes, please explain:

Have you ever been debarred, excluded or otherwise ineligible for participation in any federal health care program such as Medicare or Medicaid? Yes No

If yes, please explain:

Have you or any member of your household been convicted of a misdemeanor or felony in any jurisdiction within or outside the State of Rhode Island? Yes No

If yes, please explain:

Do you understand that as a contracted Home Provider, you will not be an employee of Perspectives Corporation, and will not be entitled to healthcare or other benefits afforded to agency employees? Yes No

You may have a job outside the home, but you will have specific obligations as a home provider, as stated in a contract between you and Perspectives Corporation. You will have the opportunity to review the contract prior to making any decision.

Thank you for taking the time to fill out this application packet completely. Please read the important statement below, then sign and date this page.

I authorize full review and verification of my experience/education as well as verification for any and all information provided by me or any member of my household for purposes of advancing to the next step in the process of becoming a Shared Living Home Provider with Perspectives Corporation. I release from liability any person giving or receiving such information. Any material misrepresentation or deliberate omission of a fact on this request of consideration may be justification for refusal or, or if contracted with, termination of said contract. I understand that Perspectives Corporation will conduct the following clearance checks on all members of my household who are over the age of 18:

- * Criminal (BCI)
- * Department of Motor Vehicle

I have read and understand the above.

Signature of Applicant

Date

Applicant Consent

I authorize full review and verification of the information contained in this application. I release from liability any person giving or receiving information about my application. I understand that any misrepresentation or deliberate omission on this document may be justification for refusal of consideration or termination of contract. I also understand that Perspectives Corporation will conduct the following clearance checks:

- Criminal (BCI)
- Division of Motor Vehicle
- Credit History

I have read and understand the above.

Signature of Applicant

Date

Thank you for taking the time to fill out this packet completely; please remember to attach your Personal Statement. A representative from Perspectives Corporation will be contacting you regarding your application. Please do not hesitate to call Nancy Lewis-Oliver at 401-294-3990 ext. #237 with any questions.

Co – Applicant Information

Do you have a valid driver’s license? Yes No

Driver’s License # _____

Do you have the minimum vehicle insurance required by the State of Rhode Island? Yes
No

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